



APPLICATION FOR CERTIFICATE OF AUTHORITY OF A FOREIGN NONPROFIT CORPORATION

State Form 37035 (R6 / 1-03) Corporate Form No. 364-4

Approved by State Board of Accounts 1995

TODD ROKITA
SECRETARY OF STATE
CORPORATIONS DIVISION
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Indiana Code 23-17-26-1 et seq

INSTRUCTIONS: Use 8 1/2" x 11" white paper for attachments.
Present original and one (1) copy to address in the upper right corner of this form.
Please TYPE or PRINT.
Please visit our office on the web at www.sos.in.gov.
Applicant must submit a certificate of existence duly authenticated by the proper authority from corporation's domiciliary state.

FILING FEE IS \$30.00

APPLICATION FOR CERTIFICATE OF AUTHORITY OF A FOREIGN NONPROFIT CORPORATION TO TRANSACT BUSINESS IN THE STATE OF INDIANA

The undersigned officer of _____
(hereinafter referred to as the "Corporation"), which exists pursuant to the provisions of _____ as
(state or country)
amended, desiring to effectuate the admittance of the Corporation to do business in the State of Indiana, certifies the following facts:

ARTICLE I - Name

Name of Corporation (must be identical to name shown in Articles of Incorporation and Amendments thereto)

ARTICLE II - Registered Office and Registered Agent and Principal Office

Street address of its registered office in Indiana	ZIP code
Name of the registered agent at the office	
Street address of its principal office	ZIP code

ARTICLE III - Date of Incorporation and Duration of Existence

The date of incorporation in domiciliary state
Period of duration

ARTICLE IV - Type of Corporation (check only one)

If the Corporation had been incorporated in Indiana, it would be a:

- ☐ public benefit corporation, which is organized for a public or charitable purpose;
- ☐ religious corporation, which is organized primarily or exclusively for religious purposes; or
- ☐ mutual benefit corporation (all others).

(Continued on the reverse side)

ARTICLE V - Corporate Officers

List the names and business addresses of the officers of the Corporation.

Name	Title	Address (<i>street, city, state</i>)	ZIP code
Name	Title	Address (<i>street, city, state</i>)	ZIP code
Name	Title	Address (<i>street, city, state</i>)	ZIP code

Please attach additional sheets if necessary.

ARTICLE VI - Board of Directors

The names and business addresses of the Board of Directors of the Corporation are as follows:

Name	Address (<i>street, city, state</i>)	ZIP code
Name	Address (<i>street, city, state</i>)	ZIP code
Name	Address (<i>street, city, state</i>)	ZIP code
Name	Address (<i>street, city, state</i>)	ZIP code
Name	Address (<i>street, city, state</i>)	ZIP code

Please attach additional sheets if necessary.

ARTICLE VIIIndicate whether the Corporation has members. ☐ Yes ☐ No members

In witness whereof, the undersigned being the _____ of said Corporation executes
(Title)
this Application for Certificate of Authority, and verifies subject to penalties of perjury, that the facts contained herein are true this _____
day of _____, 20_____.

Signature	Printed name
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